



CITY OF RICHARDSON HEALTH DEPARTMENT

## TEMPORARY OPEN AIR MARKET VENDOR PERMIT APPLICATION

P.O. Box 830309, Richardson, Texas 75083-0309 • (972) 744-4080

(PLEASE PRINT ALL INFORMATION)

***Please check one:***

☐ **Food/Cottage Food Vendor with sampling**    ☐ **Concession Food Vendor**

☐ **Non-Food/Cottage Food Vendor without sampling**

NAME OF OPEN AIR MARKET: \_\_\_\_\_

LOCATION/ADDRESS OF OPEN AIR MARKET: \_\_\_\_\_

FIRST OPERATING DATE: \_\_\_\_\_ OPERATING HOURS: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

APPLICANT'S NAME: \_\_\_\_\_

APPLICANT'S HOME ADDRESS: \_\_\_\_\_  
(STREET NO. & NAME) (CITY, STATE AND ZIP CODE)

MAILING ADDRESS: \_\_\_\_\_  
(STREET NO. & NAME/P.O. BOX) (CITY, STATE AND ZIP CODE)

PHONE: \_\_\_\_\_ ALT PHONE: \_\_\_\_\_

BUSINESS WEBSITE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

TYPE OF PRODUCT: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**\*\* PLEASE DO NOT WRITE BELOW THIS LINE \*\***

**Amount Paid:**

\$ \_\_\_\_\_

**Annual Fee:**

Food Vendor (no onsite preparation)..... \$50.00

Concession Food Vendor ..... \$250.00

Non-food Vendor ..... No Charge

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_